

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION			
O.I.P.E. CLASSIFIER		54	2/7/00
FORMALITY REVIEW	EVB	22793	2/10/10
RESPONSE FORMALITY REVIEW			

INDEX OF CLAIMS

✓ Rejected
 = Allowed
 (Through numeral) Canceled
 - Restricted
 N Non-elected
 I Interference
 A Appeal
 O Objected

Claim	Final	Original
1	✓	✓
2	✓	✓
3	✓	✓
4	✓	✓
5	✓	✓
6	✓	✓
7	✓	✓
8	✓	✓
9	✓	✓
10	✓	✓
11	✓	✓
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38	✓	✓
39	✓	✓
40	✓	✓
41	✓	✓
42	✓	✓
43	✓	✓
44	✓	✓
45	✓	✓
46	✓	✓
47	✓	✓
48	✓	✓
49	✓	✓
50	✓	✓

Claim	Final	Original	Date
51	✓	✓	9/2/00
52	✓	✓	
53	✓	✓	
54	✓	✓	
55	✓	✓	
56	✓	✓	
57	✓	✓	
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60	✓	✓	
61	✓	✓	
62	✓	✓	
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99	✓	✓	
100	✓	✓	

Claim	Final	Original	Date
101	✓	✓	
102	✓	✓	
103	✓	✓	
104	✓	✓	
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106	✓	✓	
107	✓	✓	
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142	✓	✓	
143	✓	✓	
144	✓	✓	
145	✓	✓	
146	✓	✓	
147	✓	✓	
148	✓	✓	
149	✓	✓	
150	✓	✓	

BEST AVAILABLE COPY

If more than 150 claims or 10 actions
staple additional sheet here

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